MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17-D)

CERTIFICATE OF DEATH

09671

Reg. Dist. No. 2-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Rock Hall R D Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Rock Hall R D Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Piney Neck
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Allen Ruth Bailey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1935

8. AGE: Years 4 | Months 11 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Kent Co Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Leslie O'Neal Bailey
13. Birthplace Kent Co Md

MOTHER 14. Malden name Ruth Eliz. Beck
15. Birthplace Kent Co Md

16. Informant Leslie O Bailey
Address Rock Hall R D Md

17. Burial Date thereof Sept. 19, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley Chapel Cem

Location Rock Hall Maryland.

18. Funeral director Marvin C. Williams
Address Chestertown Md.

19. Sept. 19 1940 Mrs. J. B. Dowding
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1940, at 3:10 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 16 to Sept 17, and that last saw h alive on Sept 16

Immediate cause of death Fracture Skull, Int. Injury Brain & Laceration Lt Cerebellum & Thigh Lt - Immediate

DURATION

Due to Same.

Due to Auto accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept 17/40

Where did injury occur Rock Hall R D Kent Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Road

Means of injury Auto Injured at work? No

23. SIGNATURE Dr. Medical Examiner, Kent Co.
M. D. or other

Address Chestertown Md Date signed Sept 17, 40

RECEIVED
OCT 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09672

93-d

1. PLACE OF DEATH

County Kent Registration Dist. No. 202

Village or City Chestertown No. 202 College Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Brown

(a) Residence: No. 202 College Avenue St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Brown

6. DATE OF BIRTH (month, day, end year): Jan 1, 1863

7. AGE: Years 77 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 10

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Chestertown, Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Lewin Brown, Chestertown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Chester Cemetery Date: 9 Sep, 1940

19. UNDERTAKER (Address): Asbury Henry, Chestertown Md

20. FILED: Sept 9, 1940 Alice K. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 7 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1939, to Sept 7, 1940

I last saw him alive on Sept, 1940; death is said to have occurred on the date stated above, at 4 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis — Date of onset: 4 years

Other Contributory Causes of importance: Senility

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Wm. Richmond M. D.

(Address) Chestertown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 5 1940 NATIONAL V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-2

09673

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
County Kent
City or town Rock Hall R D 1 (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) 3 yrs 6

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Kent
City or town Rock Hall R D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Howard Butler Jr (Wicker)

3. (b) Social Security Number

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1940

8. AGE: Years | Months | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Kent Co Md (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name George Butler

FATHER 13. Birthplace Rock Hall Kent Co Md

MOTHER 14. Maiden name Nannie Wicker

MOTHER 15. Birthplace Kent Co Md

16. Informant Helen Harris

Address Rock Hall R D 1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 7 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Sharpstown (near Rock Hall)

18. Funeral director Asbury Henry

Address Chestertown Rt #2

19. Sept 7 1940 (Date rec'd by registrar) Mrs. T. B. Dunlap Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1940 at 4:07 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1940 to Sept 6 1940; and that I last saw deceased alive on Sept 1 1940.

Immediate cause of death: Not attended Deceased found dead in bed

DURATION

Due to Strangulation

Due to Vomiting & Aspiration of food.

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident Date of Sept 6 1940

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard Butler Jr M. D. or other

Address Rock Hall Md Date signed Sept 7 1940

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OCT 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

69674

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cannon St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County Kent

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma J. Cannon

3. (b) Social Security Number None

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: David Cannon

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 4, 1858

8. AGE: Years: 82 Months: 4 Days: 23 If less than one day: hrs. min.

9. Birthplace: Kent County Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER 12. Name: Hoffman

13. Birthplace: Cecil County

MOTHER 14. Maiden name: Not known

15. Birthplace: " "

16. Informant: Mrs. Margaret Delaney Daughter

Address 226 Cannon St Chestertown Md.

17. Burial (Burial, cremation, or removal: Which?) Date thereof 9-29-40 (month) (day) (year)

Cemetery or crematory: Chester Cemetery

Location: Chestertown Maryland

18. Funeral director: Ralph H. Wilson Jr.

Address: Chestertown Md.

19. Sept. 28, 1940 (Date rec'd by registrar) Alice C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 27 1940, at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 27 1940, to Sept 27 1940, and that I last saw h— alive on Sept 27 1940.

Immediate cause of death	DURATION
Arteriosclerosis	Several yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. G. Simpson M. D. or other

Address Chestertown Date signed 9-28-40

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OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

69675

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Easwille, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Kent
City or town Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Route 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Dudley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	widowed

6 (b) Name of husband or wife Emanuel Dudley
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1876

8. AGE: Years	Months	Days	If less than one day
64	6	12	hrs. min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation Own home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Hester Black
15. Birthplace Unknown

16. Informant Rosa Warren
Address Philadelphia Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 28 1940 (month) (day) (year)
Cemetery or crematory Cumberland Shiloh
Location Near Rock Hall Md

18. Funeral director Asbury Avery
Address Chestertown Md

19. Sept 27 1940 (Date rec'd by registrar) Mrs. T. B. Dunton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1940, at 11:57 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Apr. 1940, to Sept 26 1940 and that I last saw h[illegible] alive on Sept 21 1940.

Immediate cause of death	DURATION
Pancreatic Diabetes	5 yr
Due to	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. Wm. Richmond M. D. or other
Address Chestertown, Md Date signed 9/27/40

RECEIVED
OCT 2 1940
BUREAU V. S.

09676

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County: Kent

City or town: Kennedyville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 21 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Kennedyville Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mrs Lillias Walter Ford

3. (b) Social Security Number

4. Sex: Female
5. Color or race: W
6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: William Ford

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 16 1891

8. AGE: Years 49 | Months 1 | Days 29 | If less than one day — hrs. — min.

9. Birthplace: Brooklyn Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business —

FATHER
12. Name: Charles Walters
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Mary Augusta Brinkman
15. Birthplace: Brooklyn, Md.

16. Informant: William Ford
Address: Kennedyville Md Rural

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 17/40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Still Pond Md

16. Funeral director: B R Fellows
Address: Still Pond Md

19. Sept 16 1940 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15 1940, at 11A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12th 1940, to Sept 15 1940 and that I last saw her alive on Sept 15th 1940

Immediate cause of death: Convulsions & Apoplexy

Due to: High blood Pressure

Due to: Operation, in 1930, for womb trouble. C.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: L. P. Atwell M. D. or other

Address: Still Pond Date signed: 9/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I)

CEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

09677

Reg. Dist. No. 207

1. PLACE OF DEATH:

County Kent

City or town Rural - near Sassafras Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Kent

City or town Sassafras Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Fettes Mitchell

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
female	White	Widowed

6 (b) Name of husband or ~~wife~~ Robert Mitchell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 22 - 1855

8. AGE:

Years	Months	Days	If less than one day
84	11	4	— hrs. — min.

9. Birthplace Scotland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Charles Fettes

13. Birthplace Scotland

MOTHER 14. Maiden name Isabella Simpson

15. Birthplace Scotland

16. Informant Ruth Johnson - Daughter

Address near Sassafras Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 - 28 - 40 (month) (day) (year)

Cemetery or crematory Laurel Hill

Location Philadelphia, Pa

18. Funeral director Ralph H. Wilson Inc

Address Chestertown Md

19. Sept 27 40 (Date rec'd by registrar) 19 — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26th 1940, at 5-a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 23rd 1940, to Sept 26th 1940, and that I last saw him alive on Sept 26th 1940

Immediate cause of death	Apoplexy	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. L. Copeland M. D. or other

Address Millington Date signed Sept 26 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 7 1940
BUREAU V. S.

Dedman.

09678

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Betterton Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 65 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Betterton Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME George Washington Moore.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6.(b) Name of husband or wife: Lillian Brice Moore deceased. 6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 11 1857

8. AGE: Years: 82 | Months: 11 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: Worchester Co. Md (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business:

FATHER
12. Name: Thomas Moore
13. Birthplace: Worchester Co

MOTHER
14. Maiden name: Elizabeth Carroll
15. Birthplace: Worchester Co

18. Informant: Violet Curry
Address: Betterton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 5 1940 (month) (day) (year)
Cemetery or crematory: Still Pond
Location: Still Pond

18. Funeral director: B R Ellows
Address: Still Pond Md

19. Sept 5 1940 (Date rec'd by registrar) J H Leak Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 2nd 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 23 1940, to Sept 2 1940
and that I last saw him alive on Aug 31 1940

Immediate cause of death	DURATION
Uremia	
Due to: Prostatic enlargement	
urinary retention	
Due to: Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Ames Edwin Dedman MD
M. D. or other
Address: Betterton Md Date signed: Sept 3 1940

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

09679

Reg. Dist. No. 202

1. PLACE OF DEATH:
County Kent Chestertown Maryland
City or town Chestertown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Water
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Water
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Eben Francis Perkins

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wheeler Peterson Perkins
6(c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): November 15.1869
8. AGE: Years: 70 Months: 11 Days: 18 If less than one day: ____ hrs. ____ min.
9. Birthplace: Chestertown Kent Co., Md. (Town, county, and state)
10. Usual occupation: Secty-treas. Insurance Co.
11. Industry or business: Firs Insurance
FATHER 12. Name: Eben Francis Perkins Sr.,
FATHER 13. Birthplace: Baltimore, Md.
MOTHER 14. Maiden name: Mary Edwards Warwick
MOTHER 15. Birthplace: Philadelphia. Pa.
16. Informant: Wheeler Peterson Perkins
Address: Chestertown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 29, 1940 (month) (day) (year)
Cemetery or crematory Chester
Location Chestertown Md.
18. Funeral director Marvin V. Williams
Address Chestertown Maryland
19. Sept 28 1940 (Date rec'd by registrar) Alice L. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27.1940. 19..., at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26.1940 19... to Sept. 27.1940 19...
and that I last saw him alive on Sept. 26.1940 19...
Immediate cause of death: Cardio-Renal Disease — DURATION: 2 month
Due to: Arterio Sclerosis — Some yrs.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No — None — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Frank Hines M.D.
Frank Hines
Address Chestertown Md M. D. or other
Date signed Sept. 27 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

09680

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent

City or town (Near) Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Kent

City or town (Near) Millington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still-born not named. Price

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of ~~husband or~~ Father wife Willie Davis

6(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Sept. 10 – 40

8. AGE: Years Still born | Months 4 months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace (Near) Millington, Kent.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Willie Davis
13. Birthplace Va.

MOTHER
14. Maiden name Josephine Price
15. Birthplace Md

16. Informant Josephine Price
Address Millington. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Sept 11 – 40
(month) (day) (year)

Cemetery or crematory Chesterville Cemetery.

Location Chesterville. Md.

18. Funeral director Willie Davis. Father
Address Galena Md

19. 9/11 1940 M. Price
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 – 1940, at 10 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___,
and that I last saw h___ alive on ___ 19___.

Immediate cause of death Still Born 4 months

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Price
M. D. or other

Address Millington. Md Date signed 9/11/40

RECEIVED
OCT 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Copeland. 09681

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent

City or town: Golts (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 year

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Golts (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Josephine Reed

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: John T. Reed.

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan 16 1856

8. AGE: Years: 84 Months: 7 Days: 26 If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House work

11. Industry or business —

FATHER
12. Name: Joseph Usilton
13. Birthplace: Sassafrass md

MOTHER
14. Maiden name: Harriet Garrell
15. Birthplace: Sassafrass md

16. Informant: Mrs Laura Walls

Address: Golts md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 6 1940. (month) (day) (year)

Cemetery or crematory: Delaneys Del.

Location: Deleware

16. Funeral director: B. Bristellows

Address: Still Pond md

19. Sept. 6 1940 (Date rec'd by registrar) Merritt Brice Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 2 1940 at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1st 1940, to Sept. 2 1940 and that I last saw her alive on Sept. 2 1940

Immediate cause of death: Yellowy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: G. L. Copeland M. D. or other

Address: Millington Date signed: Sept 4th 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09682

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Worton R.D. (Butlertown)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Worton R.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Still Born Baby Wheyer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Worton R.D. Md

(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER

12. Name Roger Wheyer

13. Birthplace Kent Co Md

MOTHER

14. Maiden name Bernice Eley Wheyer

15. Birthplace Kent Co Md

16. Informant Bertie Wheyer

Address Worton R.D. Md (Butlertown)

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 12 1940 (month) (day) (year)

Cemetery or crematory Butlertown Cemetery.

Location Butlertown R.F.D. Worton Md

18. Funeral director B.R. Fellows.

Address Still Pond Md.

19. Sept 12 1940 J.M. Clark

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19 , to 19 , and that I last saw [illegible] alive on 19 . Death was caused by the following conditions, to the best of my knowledge and belief: Did not attend Signed Bertie Wheyer Midwife

	DURATION
Immediate cause of death Still Born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury None Injured at work?

23. SIGNATURE Bertie Wheyer midwife

M. D., or other

Address Butlertown Md Date signed Sept 11/40

RECEIVED
OCT 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09683

1. PLACE OF DEATH (83a)

County Kent Registration Dist. No. 202

Village or City Chestertown Md No. Kent + Queen Anne Hosp St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elsie Wilmer

(a) Residence: No. Betterton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ewell Lambert Wilmer

6. DATE OF BIRTH (month, day, and year) June 30. 1876

7. AGE Years 64 Months 2 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1940

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME James Greenwood

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Susie Hopkins

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT (Address) Ethel Wilmer Crew Betterton Md

18. BURIAL, CREMATION, OR REMOVAL Place Still Pond Date Sept 21, 1940

19. UNDERTAKER (Address) B R Fellows Still Pond Md

20. FILED Sept 20, 1940 Alice K. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 19, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1940, to Sept 19, 1940

I last saw her alive on Sept 18, 1940 death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral	Sept 18, 1940
Hemorrhage	

Other Contributory Causes of importance:

Arteriosclerosis

Lt. Hemiplegia

Name of operation none Date of

Whet test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank Hines M.D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN